

LIBRARY OF
UNIVERSITY OF CALIFORNIA
MEDICAL SCHOOL
SEP 14 1926

CALIFORNIA STATE BOARD OF HEALTH

Weekly

Bulletin

GEORGE E. EBRIGHT, M.D.
PRESIDENT

FRED F. GUNDRUM, M.D.
VICE PRESIDENT

A. J. SCOTT, JR., M.D.



EDWARD F. GLASER, M.D.

ADELAIDE BROWN, M.D.

ROBERT A. PEERS, M.D.

WALTER M. DICKIE, M.D.
SECRETARY AND EXECUTIVE OFFICER

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. V, No. 30

September 4, 1926

GUY P. JONES
EDITOR

THE PRESCHOOL DRIVE.*

By ELLEN S. STADTMULLER, M.D., Director Bureau of Child Hygiene,
California State Board of Health.

All agencies interested in promoting the health of a community are realizing more and more that in order to accomplish this object the health of the individual must be maintained and that one effective method of maintaining this health is the repeated physical examination. The object of this examination is to detect deviations from the normal when they begin to arise in order that proper methods for their control may be instituted. At no time is this periodic examination more necessary than in childhood. At this period the beginning defect is most easily found; due to rapid growth it progresses rapidly and likewise, due to the plasticity of youth, defects are most easily corrected.

With these ideas in mind, a campaign has been undertaken for the past three years in California to furnish the entering school child with a health examination during the spring months preceding his school entrance. This age definitely marks the close of babyhood. It represents a vital change in the life schedule of the child and it may be stated, as a generalization, that physical handicaps which may become serious in adult life have begun to show themselves at the sixth year. It was hoped that not only could this corrective aspect of the health problem be dealt with, but that much information could be imparted to the

mothers of the community on the best methods of maintaining child health through diet, rest, judicious exercise and other elements of hygiene.

The problem of handling children in rural areas scattered over wide territory, as they are in our state, is no easy one. Consequently, plans had to be laid which would enable us to furnish a sufficient amount of medical help as well as the organization of many isolated conferences. The first step in this work was a meeting to which were invited representatives from the pediatric departments of the two San Francisco medical colleges, from the State Board of Education, from the State Board of Health, the Alameda County Public Health Center, the Federated Clubs and the Parent-Teacher Associations. This group discussed methods of work and planned policies which later were carried out by the Child Hygiene Bureau and the Physical Education Department of the State Board of Education. It also determined the area of the state which we should try to cover during the first year. We laid down, as a basis for work, that the county should be the unit and that the personnel should include members of the medical profession who were willing to give assistance, a county superintendent of schools interested in health activities, a public health nursing group which could be relied on to attend to the details of the cam-

* Read at Annual Conference of California Health Officers, Yosemite Valley, August 18, 1926.

paign and available material for committees among the lay-women.

Our first step was to invite the endorsement and cooperation of the State Medical Society, but as the council of this organization was not to meet prior to the launching of the campaign, the individual county societies were addressed with a request for their help. The response from the medical profession has been most generous, our department having been called upon to supplement only where the local physicians were overwhelmed with the numbers of children, or to work in such rural areas as had no physician at hand. The members of the medical profession received no remuneration for their services but had the clinical opportunity of handling large groups of children of the same age—an opportunity always valuable to the practicing physician. There was also the increased amount of work sent to the office through the advice given for correction of defects and regulation of regime.

The Bureau of Child Hygiene undertook to fill certain very definite needs. First, we organized the central county committees, our general plan being to include a member from the medical and dental professions, the county superintendent of schools, the county nurse, a chairwoman interested in child hygiene and usually selected from the organized women's groups, and a member to handle publicity. It was the function of this central committee to select the localities where the conferences should be held in the county, to suggest names for the local committees to carry on work and to distribute publicity and materials from our office. Wherever possible this county plan was adhered to, but in a few of the twenty-six counties in which we did our first year's work we sometimes found it better to abandon the county plan and to organize isolated local committees.

Our department also furnished a large amount of printed material, form publicity was sent to all the newspapers through the local publicity chairman, who added such news as gave a local interest and brought to the attention of the public the places and times chosen for the conferences. We furnished material for advertising, much of which was distributed through the schools, being carried home by the school children to interest their parents in the examination of a younger brother or sister. Posters were distributed, the motion picture houses ran slides announcing the conferences and joint meetings with repre-

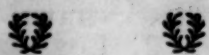
sentatives from local organizations were addressed in the effort to have each representative carry to his own organization the plan and necessity for this examination. In the first year we published a card in duplicate which later was changed to a triplicate card. One leaf of this card contains the findings of the medical examination, a duplicate of this is sent to our department for statistical purposes and the third leaf carries recommendations, with height and weight findings for the information of the parent.

Three years of work has proved to us the need for using every means of publicity in order to bring out the children. The California law requiring registration of minors has been helpful as this furnishes us a list from which we can glean the names and addresses of the expected pupils. House to house canvasses have been made in smaller communities, invitations have been mailed in others, and every effort has been made and should be made to interest the parents, for it has often proven true that the public spirited individuals of the community are interested and awake to the need of such work but it is difficult to overcome the lethargy of the general population on health subjects.

Year by year we have increased the number of counties covered in this campaign so that the number of children examined has been greater each year. Notwithstanding the variety of area and of population we find our statistical figures on defects running closely parallel.

I wish to point out that for every one hundred children we have found two hundred and sixty defects, these being largely of teeth and tonsils; that during the 1925 campaign, in spite of the prevalence of virulent smallpox in California, we found less than twenty per cent of these entering school children vaccinated against smallpox. During our first year's campaign if a mother came with a number of children, all were examined. In this way figures were collected for children of different age groups, ranging from little babies up to eight years. You will note, on this chart, the increase in the proportion of defects per one hundred children as they advance in age. It brings home strikingly to us the need for continued health supervision among young children—for if we are ever to stem the tide of physical defects found among our entering school children it will be by concentrating upon the health of the preschool child and by repeated physical

examinations from early babyhood onward, rather than by waiting to cure the defects of children already in school.



A. P. H. A. Will Meet In Buffalo.

The fifty-fifth annual meeting of the American Public Health Association will be held in Buffalo, N. Y., October 11-14 with the Hotel Statler as headquarters. The program excellently reflects the present-day problems in the public health field. Milk pasteurization and control, ventilation, measles, rural hygiene and pollution of boundary waters are some of the subjects that will receive particular attention in special sessions or in the sessions of the nine sections of the association (Public Health Administration, Laboratory, Vital Statistics, Public Health Engineering, Industrial Hygiene, Food and Drugs, Child Hygiene, Health Education and Publicity and Public Health Nursing).

The program promises to furnish stimulating discussions of moot questions and the first announcement of several new investigations and studies.

There will be special sessions on mental hygiene, teaching of health in colleges, and two full half-days will be devoted to the subject of providing a safe milk supply. The program this year will be an unusually large one, thirty-five sessions having been scheduled. The meeting will close with a special dinner session on health demonstrations in the United States. This will be followed on the succeeding day by a trip to the demonstrations in New York state.

The regular annual conference of New York state health officers and public health nurses will be held in conjunction with the American Public Health Association meeting, and this group will present a separate program on October 12.

The proximity of Niagara Falls with its many features of general and scientific interest will make the entertainment features of this annual meeting unusually attractive and an exceptional opportunity will be given to delegates to the meeting to visit places of scientific interest in Buffalo and Niagara Falls.

Members of the association and their families will receive a twenty-five per cent reduction in railroad fare traveling to and from the meeting. Nonmembers may make application for reduced fare to Mr. Homer N. Calver, executive secretary, American Public Health Association 370 Seventh avenue, New York City. The secretary will also gladly

furnish additional information regarding the meeting and the program.

A hundred and forty speakers are listed on the program, among whom may be noted:

C. E. A. Winslow, Dr.P.H.
Irving Fisher.
Hollis Godfrey, Ph.D.
Livingston Farrand, M.D.
L. I. Harris, M.D.
W. S. Rankin, M.D.
Frederick L. Hoffman, LL.D.
A. J. McLaughlin, M.D.
Jesse F. Williams, M.D.
H. C. Sherman, Ph.D.
W. H. Park, M.D.
Sally Lucas Jean.
Herman N. Bundesen, M.D.
Haven Emerson, M.D.
L. I. Dublin, Ph.D.
John A. Amyot, M.D.



New World's Record In Infant Mortality.

New Zealand has still further lowered her world-record infant mortality rate, according to vital statistics of the Dominion for 1925, which report a figure of 39.96 per 1000 live births as compared with 40 in 1924. In some of the large cities the rate was even lower, that for Dunedin being 33 and for Wellington 35. The provisional United States rate for 1925 was 72.



The educated person should have a knowledge of the important health problems facing the community, of the methods of attacking those problems and of the results to be expected from intelligent community action in the public health field.—Livingston Farrand, M.D.



New York State Registers Births.

New York state has rolled up a birth-registration record 98.8 per cent perfect for the state and 100 per cent complete in ten counties, according to the Census Bureau check upon birth registration in the state based on births during August, September, and October, 1925, in twenty-nine counties.



Ten thousand lives are sacrificed needlessly from diphtheria in the United States each year. Ninety per cent of these deaths occur in children under five years of age. Science has now given us means whereby complete protection against this disease may be accomplished by the administration of toxin-antitoxin. The vast majority of people so immunized will never contract diphtheria even though exposed to the disease.—Matthias Nicoll, Jr., M.D.

MORBIDITY.***Diphtheria.**

75 cases of diphtheria have been reported as follows: Alameda County 1, Albany 1, Fresno County 1, Los Angeles County 19, Alhambra 1, Huntington Park 1, Los Angeles 25, San Fernando 1, South Gate 1, Maywood 1, Sacramento 2, San Diego 1, San Francisco 4, Paso Robles 1, South San Francisco 1, Santa Clara County 1, Modesto 1, Tehama County 1, Corning 5, Yuba County 1, Marysville 1, San Anselmo 1, Contra Costa County 1, Vallejo 1.

Measles.

141 cases of measles have been reported as follows: Alameda County 5, Alameda 10, Albany 2, Berkeley 15, Emeryville 2, Oakland 29, Fresno 2, Los Angeles County 2, Glendale 1, Huntington Park 1, Long Beach 2, Los Angeles 8, Montebello 1, Santa Monica 1, Willits 1, Orange County 2, Sacramento County 1, San Francisco 24, San Joaquin County 4, Stockton 1, San Louis Obispo County 7, Santa Barbara County 1, Santa Clara County 3, San Jose 11, Tehama County 1, San Bernardino 2, Santa Barbara 2.

Scarlet Fever.

65 cases of scarlet fever have been reported as follows: Alameda 1, Oakland 2, Butte County 2, Colusa 1, Richmond 1, Kern County 5, Los Angeles County 4, Alhambra 5, Long Beach 1, Los Angeles 11, Montebello 1, Santa Monica 1, Pacific Grove 1, Salinas 1, Orange County 3, Fullerton 1, Santa Ana 2,

*From reports received on August 30 and 31 and September 1 for week ending August 28.

Sacramento 1, San Diego 3, San Francisco 11, Stockton 2, San Jose 2, Anaheim 1, San Bernardino 1, Santa Barbara 1.

Smallpox.

4 cases of smallpox have been reported as follows: Alhambra 2, Los Angeles 1, Orange County 1.

Typhoid Fever.

23 cases of typhoid fever have been reported as follows: Long Beach 1, Los Angeles 2, Monterey County 1, Orange County 1, Sacramento County 4, Sacramento 1, San Bernardino County 1, Stockton 1, Dunsmuir 1, Tulare County 1, Dinuba 1, Ventura County 1, Davis 1, Wheatland 1, California 1, San Bernardino 1, Banning 2, Beaumont 1.

Whooping Cough.

54 cases of whooping cough have been reported as follows: Alameda 4, Berkeley 3, Emeryville 1, Oakland 13, Los Angeles County 3, Los Angeles 2, Pasadena 7, Madera 1, Santa Ana 1, Riverside County 4, San Bernardino County 1, San Diego County 1, San Diego 1, San Francisco 10, Stockton 1, San Jose 1.

Poliomyelitis.

3 cases of poliomyelitis have been reported as follows: Los Angeles County 1, Los Angeles 1, California 1.

Encephalitis (Epidemic).

2 cases of epidemic encephalitis have been reported as follows: Los Angeles County 1, Santa Ana 1.

Meningitis (Epidemic).

1 case of epidemic meningitis was reported from San Bernardino County.

COMMUNICABLE DISEASE REPORT.

	1926				1925			
	Week ending			Reports for week ending Aug. 28 received by Sept. 1	Week ending			Reports for week ending Aug. 29 received by Sept. 1
	Aug. 7	Aug. 14	Aug. 21		Aug. 8	Aug. 15	Aug. 22	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	1	0	0	0	0	0	0
Chickenpox.....	35	32	57	33	41	23	25	38
Diphtheria.....	87	58	47	75	80	71	77	60
Dysentery, Bacillary.....	0	1	2	2	10	2	1	1
Encephalitis, Epidemic.....	2	0	1	2	3	2	1	1
Gonococcus Infection.....	105	224	94	97	124	114	63	99
Influenza.....	11	3	5	6	6	7	6	8
Jaundice, Epidemic.....	0	1	0	0	0	1	0	0
Leprosy.....	1	1	0	0	0	1	0	1
Malaria.....	6	2	2	10	2	0	0	4
Measles.....	123	104	86	141	21	20	9	14
Meningitis, Epidemic.....	4	4	1	1	3	1	4	2
Mumps.....	42	46	51	73	47	77	49	36
Paratyphoid Fever.....	2	1	0	0	1	3	1	0
Pneumonia, Lobar.....	26	25	20	19	61	36	30	19
Poliomyelitis.....	6	4	7	3	74	44	38	42
Rabies (animal).....	8	5	4	5	8	6	1	3
Rabies (human).....	0	1	0	0	0	0	0	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	56	41	49	65	53	46	39	41
Smallpox.....	11	20	5	4	48	42	31	12
Syphilis.....	168	144	97	66	231	105	80	80
Tetanus.....	4	1	1	1	4	2	3	1
Trachoma.....	1	4	1	7	2	1	5	5
Trichinosis.....	0	0	0	0	0	0	0	0
Tuberculosis.....	205	155	193	171	176	245	141	184
Typhoid Fever.....	33	30	28	23	31	39	46	31
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	41	68	26	54	195	182	134	93
Totals.....	977	976	777	858	1,221	1,070	784	775